AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Bridgewater (the)
500 Waterman Avenue
Mount Dora, FL 32757

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for Hayes

Kristen J. Mennella
Field Office Manager

KJM/amw

Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912099	05/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bridgewater (the)	**500 Waterman Avenue Mount Dora, FL 32757**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0031 - 58a-5.0182(7) Fac - Resident Care - Third Party Services S-S= D
St - A - E201 - 58a-5.030(2) Fac - Ecc - Policies S-S= D

Specific Tag Findings:

0000-Initial Comments

On and unannounced **biennial and Extended Congregate Care licensure** survey was conducted at Bridgewater at Waterman Village Assisted Living Facility in Mt Dora Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

A0031-Resident Care - Third Party Services 58A-5.0182(7) FAC Based on interviews the facility failed to coordinate with a third party service provider to facilitate the receipt of care and services provided to meet the resident's needs care) in a timely manner for 1 of 2 resident sampled (Resident #1).

Findings:

On at 2:20 PM an interview was conducted with Resident #1 concerning her care. She stated that over the weekend her was leaking off and on because she was unable to close the twist valve on it tightly. She told Staff G that she was having problems with it. Staff G told her she could not touch the and that she would notify the nurse.

On at approximately 3:20 PM an interview was conducted with Staff G in reference to Resident #1's leaking. Staff G stated Resident #1 told her on Thursday, about the leaky and she notified the facility's nurse the same day. Then on Monday she told Resident #1's home health nurse who then fixed it the leaky

On at approximately 4:00 PM an interview was conducted with the facility's Director of Nursing (DON). She stated she was not informed about Resident #1's leaky

On at approximately 1:00 PM an interview was conducted with the Resident #1's Home Health Nurse. She stated she was not notified about Resident #1's having problems with her until Monday and she immediately changed the twist valve to a flip valve which corrected the problem.

A review of the Home Health Agency notes revealed on the Home Health Nurse documented, " [Resident #1] stated that her leg bag had been leaking through the weekend and did not receive a visit from from HHC (Home Health Care) nurse. [Nurse] explained to [Resident #1] that HH (Home Health) Agency had not been notified by [The facility]or staff or resident."

E201-ECC - Policies 58A-5.030(2) FAC
Based on record reviews and interview the facility failed to have complete Extended Congregate Care policies for 73 of 73 residents.

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Findings:

On at approximately 10:30 AM during an entrance conference, the administrator stated that the ECC license covers the whole facility.

On during a record review of the ECC polices, it was observed that the facility was using ECC training curriculum for their policy and procedures which were incomplete concerning the requirements. The material did not address "The personal and supportive services the facility intends to provide, unscheduled service needs, a process for mediating conflicts."

On at approximately 3:00 PM during an exit interview with the Administrator, she stated that the facility had no other policy or procedures for ECC than the training curriculum.

Class III